Commonwealth of Pennsylvania - Campaign Finance Report

Reset Form

Print Form

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Name of Filing C Lobbyist Street Address	ommittee, Ca	andidate or		0.000	ITTER	TO ELK	TDANI	EM PEE	MEY
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City				ENIE	State	PA	Zip Code	16514-0	713
Type of Report (F	lace x under	report type)	ACRES OF THE PARTY OF	A THE RESERVE	PROPERTY OF PERSONS	Model Subbatters (Sin S			OPENIO POR CONTRACTOR
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Pre- I	Tuesday lection	5- 2 nd Friday Pre- Election	LICENSISSING CONTRACTOR OF THE PARTY OF THE	7- Annual	Special 2 nd Friday	Special 30 Day Post-Election
						x			Tost-Election
Date Of Election (MM/DD/YYYY) ///01/20/7			Year		2017	Amendment Report		Termination Report	
Summary of Receipts and Expenditures From Date				To Date	2		For	Office Use Only	
A. Amount Brought Forward From Last Report			\$		7/2017				
B. Total Monetary Contributions and Receipts (From Schedule I)			\$	47	0.00				
C. Total Funds Ava Sum of Lines A ar	ailable		\$	47	12.21				~
). Total Expenditu From Schedule III	ires)		\$	4-	72.21	2017 NOV 31 VOTER REC			
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 0.00			5			
F. Value of In-Kind Contributions Received (From Schedule II)			\$			ķ		EGG	2
G. Unpaid Debts and Obligations (From Schedule IV)				-30	18,19			12 22	3
art 1- If this is a Con	mittee report,	treasurer sign her	e. If th	is is a Cand	Affidavit Sed Jidate report, ca			0	N 00
worn to and subscrib	it this report, in	icluding the attach	ed sch	edules on	paper, is to the l	pest of my knowledg	e and belief tru	e, correct and complet	te.
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orn to and subscrib	ed before me t	his BT 17				Dave) ,	19	/
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Commission expire	SUB-08-00 30-00	<u>31 2019</u> AY YR.	Î	. !		14 a Code	100	e Telephone Number	3
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NOTARIA berly S. Alexand City of Erie, E	L SEAL er, Notary P								

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	30 H day of NOVY	n	heles	-17	
	Kimberly		Ωle	XCac	Le
	/ Signature()			_	
1	My Commission expires/		31	20	19
1	MO.		DAY	YR.	<u> </u>
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1					
C	OMMONWEALTH OF PEN	VSY	LVAN	Α	_
	NOTARIAL SEAL	_			
K	Cimberly S. Alexander, Note	arv	Public		
	City of Erie, Erie Cou	int	,	1	
My	y Commission Expires Oct	. 3	1. 201	9	
EV:	BER, PENNSYLVANIA ASSOCIATION	10	NOTA	DIES	
			110		



SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1	1) \$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	2) \$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
II Other Contributions (Part D)	\$
Total for the reporting period (3)) \$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	And all of 1 dings of the participant and on a facility to the participant of the partici
Total for the reporting period (4)) [\$
otal Monetary Contributions and Receipts during this reporting period (Add and nter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report over Page, Item B)	\$



PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Full Name of (Contributing	A CONTRACT THE CONTRACT	OFF STREET, ST	THE ENGLAND REPORT OF THE PARTY	Amount
Committee	inuutilig			Date [MM/DD/YYYY	\$
House #	Street Add	ress		Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addr	ess		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Addre	rss		Date [MM/DD/YYYY]	\$
City	Social Control of the	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Addre	ss		Date [MM/DD/YYYY]	\$
City	Total Control Control	State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of Cor ommittee	ntributing			Date [MM/DD/YYYY]	\$
ouse #	Street Addres	S		Date [MM/DD/YYYY]	\$
ty		State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of Con ommittee	tributing	Extraction and Court for the Court for the		Date [MM/DD/YYYY]	\$
ouse #	Street Address			Date [MM/DD/YYYY]	\$
ty	essensi il compositi	State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identifica	ation Number:	Property and Super Association and a	The Particular State of Control o		
Full Name of	Contributor		a kennen kalanda kelik asam yang di dalam pelabahkan di bina kelik di bina kennen di bina kelik di bina kelik d Bina kennen dalam di kelik di bina kennen yang di bina kennen bina kennen yang di bina kennen bina kennen bina		
	Contributor			Date [MM/DD/YYYY	1 \$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	3
Full Name of	Contributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		Chal		300 A SELECTION OF	
Full Name of		State	Zip Code	Date [MM/DD/YYYY]	\$
Turryanie Ort	Contributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of C	ontributor		Control of the Contro	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of Co	ntributor	Participation of the Participa		Date [MM/DD/YYYY]	\$
louse #	Street Address			Date [MM/DD/YYYY]	\$
ity		State	Zip Code	Date [MM/DD/YYYY]	\$
#U.S	the property of the section of the section is the				



PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee Date [MM/DD/YYYY] \$
Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City
Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City
House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$
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Full Name of Contributing Committee Date [MM/DD/YYYY] \$
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Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Contributing Committee Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Contributing Committee Date [MM/DD/YYYY] \$
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Full Name of Contributing Committee Date [MM/DD/YYYY] \$
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee
Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] State Date [MM/DD/YYYY] State
Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] State Date [MM/DD/YYYY] State
House # Street Address Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$
Full Name of Contributing Committee Date [MM/DD/YYYY] \$ House # Street Address
Full Name of Contributing Committee Date [MM/DD/YYYY] \$
Contributing Committee Date [MM/DD/YYYY] \$
Contributing Committee Date [MM/DD/YYYY] \$
House # Cross Nada
House # Street Address Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$
Date [MM/DD/YYYY] \$
Full Name of
Contributing Committee Date [MM/DD/YYYY] \$
House # Street Address
House # Street Address Date [MM/DD/YYYY] \$
City Zip Code Date [MM/DD/YYYY] \$
Date [MM/DD/YYYY] \$
Contributing Committee Date [MM/DD/YYYY] \$
House # Street Address Par (Market Street)
louse # Street Address Date [MM/DD/YYYY] \$
State Zip Code Date [MM/DD/YYYY] \$
3 Succession (1997)



PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C) Filer Identification Number:

	THE BURNESS OF THE STATE OF THE STATE OF THE BURNESS OF THE STATE OF T	
Full Name of Contributor	the Land County of the County	Date [MM/DD/YYYY] \$
House # Street Add	ress	Date [MM/DD/YYYY] \$
City	State Zip Code	
mployer Name	7. The state of th	Date [MM/DD/YYYY] \$
mployer Mailing Address / rincipal Place of Business		Occupation
ull Name of Contributor		Date [MM/DD/YYYY] \$
ouse # Street Addr	ess	Date [MM/DD/YYYY] \$
ty	State Zip Code	Date [MM/DD/YYYY] \$
nployer Name nployer Mailing Address /		Occupation
incipal Place of Business Il Name of Contributor		Date [MM/DD/YYYY] \$
USe # Street Addre	SS.	Date [MM/DD/YYYY] \$
Y	State Zip Code	Date [MM/DD/YYYY] \$
ployer Name ployer Mailing Address / ncipal Place of Business	Part (a-continuo per la)	Occupation
Name of Contributor		Date [MM/DD/YYYY] \$
Ise # Street Addres	S	Date [MM/DD/YYYY] \$
781-	State Zip Code	Date [MM/DD/YYYY] \$
oloyer Name		Occupation
ployer Mailing Address / ncipal Place of Business		

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

rifer identification (vuiner;
Full Name	
House#	
	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description)n)
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Descriptio	n l
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	<u> </u>
Full Name	
House #	Street Address
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
ull Name	
louse #	Street Address
ity	State Zip Date [MM/DD/YYYY] \$
eceipt Description	\$40.00 Section Section
ull Name	
ouse #	Street Address
ty	State Zip Date [MM/DD/YYYY] \$
eceipt Description	Code Code



SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

Filer Identification Number:		
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00 OR LESS PER CONTRIBILTOR	
TOTAL for the reporting period (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250	00 (FROM PART F)	
TOTAL for the reporting period (2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	1 PART G)	
TOTAL for the reporting period (3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	



SCHEDULE II PART F

In-Kind Contributions Received VALUE OF \$50.01 TO \$250

Filer Identification Number:	PROTECTION PROTECTION OF PROPERTY AS STATES	VALUE OF \$50.01	10 \$250
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Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street	Address		Date [MM/DD/YYYY] \$
Sity	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
ull Name of Contributor	n Elika orveitta der territaria erak direktionen dien bestehen t	CONTRACTOR PROPERTY OF A PARTY SHAPE CONTRACTOR OF A SAME OF A SAM	Date [MM/DD/YYYY] \$
Ouse # Street	Address	2010078	Date [MM/DD/YYYY] \$
ity	State	Zip Code	Date [MM/DD/YYYY] \$
escription of Contribution		X 200 3333	
all Name of Contributor	Section 1 or open 1 miles and 1 miles at 121 hours and and		Date [MM/DD/YYYY] \$
Ouse # Street A	Address		Date [MM/DD/YYYY] \$
ty	State	Zip Code	Date [MM/DD/YYYY] \$
Name of Contributor			1250
			Date [MM/DD/YYYY] \$
use # Street A	ddress		Date [MM/DD/YYYY] \$
ý	State	Zip Code	Date [MM/DD/YYYY] \$
scription of Contribution		Temperature and the Control	[2]
Name of Contributor		en a felig i Philippia de Princippia de Branco de Branco de Principio de La combinación de la combinación de A	Date [MM/DD/YYYY] \$
se# Street Ad	ldress		Date [MM/DD/YYYY] \$
	State	Zip Code	Date [MM/DD/YYYY] \$
ription of Contribution	F-8-4-22		



SCHEDULE II Part G

Pa

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification	Number:	Paul a transmission (Care	VALUE OVER \$25			
	7-1 - 1-1 ₄)	W-DATE AND COLORS				
Full Name of Co	ntributor	A DESCRIPTION OF THE PROPERTY OF	THE PROPERTY OF THE PROPERTY O			
	THE THE PARTY OF T			Date [MM/DD/YYYY] \$		
House #	4/					
riouse #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Mailin	g Address / Principal			Description		
Place of Business				of		
Full Name of Con	tributor	(19)	PROMITA THE STATE OF THE PARTY OF THE STATE OF	Contribution		
				Date [MM/DD/YYYY] \$		
House #						
	Street Address			Date [MM/DD/YYYY] \$		
Zity		472.50 Section 11.				
y		State	Zip Code	Date [MM/DD/YYYY] \$		
mployer Name	Sections in a supplier of the section of the					
HIATIAN AND THE				Occupation		
mployer Mailing lace of Business	Address / Principal			Description		
race of busiless		# #		of		
ull Name of Cont	ributor	COURSE CASES DA LA CARRE	のではなっている。 ないでは、 ないできない。 ないできないできない。 ないできないできないできない。 ないできない。 ないできないできないできないできないできないできないできないできないできないでき	Contribution		
				Date [MM/DD/YYYY] \$		
ouse #	Street Address					
	es eet Address			Date [MM/DD/YYYY] \$		
ty		State	7:- 6-1			
		Jtate	Zip Code	Date [MM/DD/YYYY] \$		
nployer Name						
				Occupation		
mployer Mailing Address / Principal lace of Business			Description			
				of -		
ll Name of Contr	ibutor	Control of Control Person St. of Co.	the Second State of the Second State Commence of the Second	Contribution Date [MM/DD/YYYY] \$		
				Date [MM/DD/YYYY] \$		
use #	Street Address			Dela India India		
				Date [MM/DD/YYYY] \$		
y		State	Zip Code			
			Zip Code	Date [MM/DD/YYYY] \$		
ployer Name				0.777		
	ddress / Principal			Occupation		
ce of Business	чысээ / гипсіраі			Description		
				of Contribution		



Statement of Expenditures

SECONDATIVE VIOLENCE AND ADDRESS OF THE PARTY OF THE PART	
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Filer Identification Number:	
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	NESAN	TIS SIGNS	AND GAR	HILSIN	Date [MM/DD/YYYY] :	37100
House# 54	Street Address	WEST 18TH	CIMILE	11,70	Description of Expenditu	
City	ME	State	Zip		。此為特殊的理解的學術學的學學的	
基品等数据	COAR PRINCE CONTROL CONTROL CO	PA	Code /	6502	POLITICAL SIGN	- S STAKET
To Whom Paid	DANCE	ME FEERE	1	el katherskrauskrauskrauskraus	Date [MM/DD/YYYY] \$	
House #	A STREET OF THE SECOND	, reeme			11/25/2017	101.21
340	Street Address	STATE ST	NET		Description of Expenditure	
1000000	15	State	Zip Code /	6508	PANTIA PERT	1600 M
To Whom Paid			CONTROL OF THE PARTY OF THE PAR	Felicial at speciment matches	Date [MM/DD/YYYY] \$	
House #	Street Address				Description of Expenditure	
City		State	Zip			
	AND A CONTROL OF THE PARTY OF T		Code			
To Whom Paid			**************************************		Date [MM/DD/YYYY] \$	
House #	Street Address				Description of Expenditure	
City		State	Zip			
To Whom Paid	THE STREET OF THE STREET STREET		Code			
i o whom Palu					Date [MM/DD/YYYY] \$	Committee of the state of the s
House #	Street Address				Description of Expenditure	
City		State	Zip	1		
			Code			
To Whom Paid					Date [MM/DD/YYYY] \$	
House #	Street Address			100	Description of Expenditure	
City		State	7:			
		State	Zip Code			
To Whom Paid			CHARLES THE COLUMN TWO IS NOT THE	A STATE WHO WAS	Date [MM/DD/YYYY] \$	Theodorous of the state of the
House #	Street Address			18	Description of Expenditure	
City					Description of Expenditure	
1 72		State	Zip Code			
To Whom Paid		The second secon	A THE RESERVE OF THE PARTY OF T		Date [MM/DD/YYYY] \$	
House #	Street Address				Description of Expenditure	No. 107 CO. HOLY CO. NO.
City		Cesta			essemption of experimitare	
	PROVINCE VARIABLE SHEET	State	Zip Code		2000	THE THE THE THE

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Credito	r	MARLENE A	FEEM	N	promote construction of the same soul-	Outst	anding Balance of Deb
House # 390	Street Address		•	DA	TE DEBT INCURRED [MM/DD/YYYY]	\$	
City		EMIE	State	PA	3 /29 /2017 Zip Code /6508		398,19
Description of De	bt	LOAN FIN	CAMPA		Code		
Name of Credito			MANAGEMENT PROPERTY.			Outsta	inding Balance of Deb
louse #	Street Address			1265-225-226-258-258-2	E DEBT INCURRED MM/DD/YYYY]	\$	
ity Description of De	bt		State		Zip Code		
lame of Creditor				and arresponding to			
ouse#	Street Address			ΠΔΤΙ	E DEBT INCURRED	Outsta \$	nding Balance of Debt
					MM/DD/YYYY]] - >	
ty escription of Del	ot.		State		Zip Code		
ame of Creditor		andre a anno ann an ann an ann ann ann ann an	y december of the state of the	Dietet.spe	Therese Charleton Karleton accordance	Outsta	nding Balance of Debt
ouse #	Street Address		The state of the s		DEBT INCURRED IM/DD/YYYY]	\$	
ty escription of Deb	t		State		Zip Code		
ime of Creditor		ekir caanihaa koosaa katoo oo u kayaan aasa	* G7794 W 200 ** G723 ** G725	adolose (selle	es necessaria en	Outstan	ding Balance of Debt
use#	Street Address				DEBT INCURRED IM/DD/YYYY]	\$.	- O Palante di Delli
y scription of Deb			State		Zip Code		
		ON CONTRACTOR OF THE PROPERTY					
me of Creditor	Street Address			DATE	DEBT INCURRED	Outstan \$	ding Balance of Debt
					M/DD/YYYY]		
			State	155	Zip	14 (4) (4) (1)	

